

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039663

STATE FILE NUMBER

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 137

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 5 1963

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Cainsville

Length of stay in lb  
All life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Harrison

c. CITY OR TOWN Cainsville

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
Cliff Earl Phillips

4. DATE OF DEATH Month Day Year  
October 31 1963

5. SEX

Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11-9-1885

9. AGE (last birthday)  
77

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farming

10b. KIND OF BUSINESS OR INDUSTRY  
General farming

11. BIRTHPLACE (City and state or country)  
Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Charles S. Phillips

13b. MOTHER'S MAIDEN NAME

Amanda Baker

14. NAME OF HUSBAND OR WIFE

Flora Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Flora Phillips, Cainsville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

4 or 5 miles

DUE TO (b)

walked about 2 blocks from

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Town to home and collapsed

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
age

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at

11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Bethany, Missouri.

22c. DATE SIGNED

11-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

11-3-63

23c. NAME OF CEMETERY OR CREMATORY

Glaze Cemetery

23d. LOCATION (City, town, or county)

RFD Cainsville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

E. J. Stoklasa, Cainsville, Mo.

25. DATE RECD. BY LOCAL REG.

11-2-1963

26. REGISTRAR'S SIGNATURE

Jella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300 Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Eddie J. Stoklasa, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.